

Entered -06-12-00 - sb
CL 00L0354 - GWENDOLYN BURNS

00-*R* -1773

CLAIM OF: **KIM K. DERGARABEDIAN**
19 Candler Road, NE
Atlanta, Georgia 30317

For vehicular damages alleged to have been sustained from a construction cut that was left open and in an unsafe condition on May 20, 2000 at 4040 Peachtree Dunwoody Road, NE.

THIS ADVERSED REPORT IS
APPROVED

BY: 

ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0354

Date: October 18, 2000

Claimant /Victim KIM K. DERGARABEDIAN
BY: (Atty) (Ins. Co.) _____
Address: 19 Candler Road, NE, Atlanta, Georgia 30317
Subrogation: _____ Claim for Property damage \$ 608.81 Bodily Injury \$ _____
Date of Notice: 6/1/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 5/20/00 Place: 4040 Peachtree Dunwoody Road, NE
Department _____ Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that her vehicle sustained damage when she drove over a construction cut in the roadway that was not properly covered and left in an unsafe condition. An investigation determined that United Water Services Atlanta performed work at the incident location. The claimant's claim has been forwarded and resolved by United Water Services Atlanta.

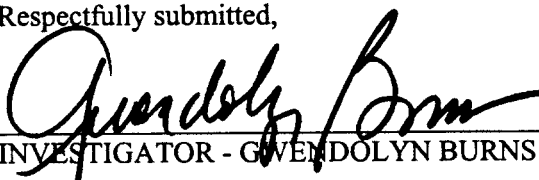
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,

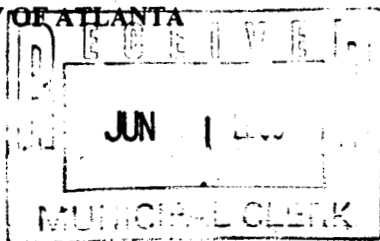

INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager: _____ Concur/date _____
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

Dear Municipal Clerk:



RE: CLAIM FOR DAMAGES *DM*

Today's Date: _____

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 608.81 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 5-20-00 (month/day/year) 2. Time of Incident: 12:15 3. Police called: Yes ☒ No ☐

4. Location of incident (including street address): 4040 Peachtree Dunwoody Rd.

5. Name of your insurance company: Maxey Insurance Policy No. 23744C

6. State what and how incident occurred: I was traveling south on P'tree Dunwoody + hit a big Pot hole. I could not avoid it because of on coming traffic. When I hit the Pot hole - it cracked off the edge, & of my alloy wheel upon impact. I had to get it fixed.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Volvo 850 1994 Kim K. DerGarakedian
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: FR
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

[Signature]
Signature of Claimant

Kim K. DerGarakedian
(Print Claimant's Name)

19 Candler Rd. N.E.
(Address)

Atlanta GA 30317
(City, State and Zip Code)

Same 404-378-9366
(Work Number) (Home Number)

00-R-1773